

Pre-Business Analytics, Diploma, & Certificate Program Application Checklist

- Pre-Business Analytics, Diploma, & Certificate Program Application** (4 pages total)
All pages must be filled completely and signed before submitting the application.
- \$150 Non-refundable Application Fee**
Pay the \$150 non-refundable application fee one of the following ways:
 - **Attached with this application** (bank draft, cashier's check, personal check, or money order made payable to **CSUEB**)
 - **Online ([CASHNET](#))**
 - You will only be able to pay online after you have submitted this application and have received your Net ID (CSUEB student ID).
 - **In person at the University Cashier's office** (cashier's check, personal check, or money order made payable to **CSUEB**)
 - Requires a Net ID.
- Verification of Finances**
Send bank statements, letter, or seal to verify your financial support.
- Copy of Passport**
Send a copy of your passport with your photo and personal information.
- Official TOEFL or IELTS Score**
- Official Transcript verifying completion of 4-year bachelor degree or equivalent**
Transcripts should be both in your native language and translated into English.

**** Pre-Business Analytics students**

The university application for MS in Business Analytics via [Cal State Apply](#) and \$55 application fee must be submitted before enrolling in the program.

Application Steps:

1. **Print pages 1-4.**
2. **Fill in your information on pages 1-4.**
3. **Sign (your written signature) on the bottom of each page.**
4. **Submit your application and other documents one of the following ways**
- 5.



Mail

American Language Program
California State University, East Bay
25800 Carlos Bee Blvd., SF-102
Hayward, CA 94542-3012



E-mail (must be a scanned copy)
alpgen@csueastbay.edu



Fax

(510) 885-2040



In Person

American Language Program
California State University, East Bay
25800 Carlos Bee Blvd., SF-102
Hayward, CA 94542-3012

APPLICATION FOR PRE-BUSINESS ANALYTICS, DIPLOMA, & CERTIFICATE PROGRAM

STUDENT INFORMATION (must be the same as passport)

Family (Last) Name: _____
 Given (First) Name: _____
 Middle Name: _____
 Date of Birth (MM/DD/YYYY): _____ Gender: Male Female

STUDENT'S PERMANENT (HOME COUNTRY) ADDRESS

Address: _____
 City: _____ State/Province: _____
 Country: _____ Postal code: _____
 Phone Number: _____ E-mail: _____
(ALP is authorized to send the student's Net ID to this e-mail.)

WHERE SHOULD THE STUDENT'S I-20 BE SENT?

Address: _____
 City: _____ State/Province: _____
 Country: _____ Postal code: _____
 Phone Number: _____ E-mail: _____
(UPS tracking information will be sent to this e-mail.)

<p>When will you begin your studies? Year: _____ <input type="checkbox"/> Summer (May) <input type="checkbox"/> Fall 1 (August) <input type="checkbox"/> Spring 1 (January) <input type="checkbox"/> Fall 2 (October) <input type="checkbox"/> Spring 2 (March) <small>(Note: International Business and Paralegal Studies starts in Spring 1 or Fall 1 only)</small></p>	<p>Which program are you interested in studying? <input type="checkbox"/> Pre-Business Analytics <input type="checkbox"/> International Business Diploma <input type="checkbox"/> Paralegal Studies Certificate</p>
<p>Do you have a CSUEB Net ID? <input type="checkbox"/> Yes (What is it? _____) <input type="checkbox"/> No Have you ever attended CSUEB ALP before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you find out about ALP? <input type="checkbox"/> Recruiter: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> ALP Student: _____ <input type="checkbox"/> Other: _____</p>
<p>Method of Payment: \$150 non-refundable application fee (Refer to the application checklist for more details) <input type="checkbox"/> Attached with this application <input type="checkbox"/> Online <input type="checkbox"/> In person</p>	
<p>RECRUITERS ONLY – Please fill in ALL areas below</p>	
<p>Company Name: _____ Company Phone: _____ Contact Person: _____ Contact's E-mail: _____</p>	

I certify that the information in this document is true, complete, and accurate.

 Signature of Student (application cannot be processed without a written signature) _____
 Date

DECLARATION OF FINANCES FOR INTERNATIONAL (F1) STUDENTS

International Students must provide proof of sufficient financial support to meet all necessary expenses while attending the American Language Program and California State University, East Bay. The information you provide will determine your eligibility for the program and will appear on your I-20. The following costs are subject to change.

	Pre-Business Analytics 1 Semester (8 weeks x 2 sessions)	International Business 2 Semesters (32 weeks)	Paralegal Studies 2.5 Semesters (8 weeks x 5 sessions)
Tuition & Fees per Term	\$3,600	\$3,900	\$1,532
Mandatory Health Services Fee Per Semester	\$187.5	\$187.5	\$187.5
Mandatory Health Insurance per Term	\$353	\$642	\$353
Estimated Living Expenses per Term	\$4,500	\$9,000	\$4,500
Total Estimated Cost per Term	\$8,640.5	\$13,729.5	\$6,572.5
Total Funds Required per Program for Verification of Finances	\$17,281 per program (16 weeks)	\$27,459 per program (32 weeks)	\$32,488 per program (40 weeks)

* Estimated living expenses include housing, food, books, materials, and local transportation.

SECTION 1: APPLICANT INFORMATION AND LIST OF DEPENDENTS

Applicant Name	Name on Passport (if different)
Family (last) Name: _____	Family (last) Name: _____
Given (first) Name: _____	Given (first) Name: _____
Middle Name: _____	Middle Name: _____
City and Country of Birth: _____	
Country of Citizenship: _____	

If you are married and plan to have your dependents live in the U.S. while you are attending California State University, East Bay, please list your dependents below. *Additional assets are required for each dependent: \$5,000 for your spouse and \$5,000 for each child.* ***Please attach a copy of your dependents' passports.**

Family Name, Given Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship to Student
1.			
2.			
3.			

I certify that the information in this document is true, complete, and accurate.

Signature of Student (application cannot be processed without a written signature)

Date

Section 2: SOURCES OF FUNDS

YOU MUST PROVIDE REQUIRED DOCUMENTATION (bank statements, letter, or seal).

Financial documents that demonstrate proof of funding must be in English and must:

- Be an official bank statement or bank letter on letterhead with a stamp/seal and/or bank officer’s signature.
- Demonstrate at least the minimum total estimated expenses for one semester or one academic year.
- Include an issue date that is within the recent 12 months of when you submit your application.
- Include the account holder’s name.
- Include a specific amount in dollars (USD).

Type of Documentation	Acceptable	Not Acceptable
Bank Letters	✓	
Bank Statements (Savings or Checking Accounts)	✓	
Fixed/Term/Time Deposits - must be able to be withdrawn at any time without penalty	✓	
Loan Letters	✓	
Scholarship Letters (Private, Government, School, etc.)	✓	
Solvency Letter - Bank letter indicating funds immediately available to the individual	✓	
Employer Letters / Salary Statements		X
Line of Credit Letters		X
Provident (Retirement) Fund Statements		X
Stock Market, Equity, or Mutual Fund Statements		X
Life Insurance Policy		X

Please enter amount of funds below: Minimum amount is the estimated cost for the length of your study. See page 1.

\$ _____ PERSONAL FUNDS
 \$ _____ SCHOLARSHIP, GOVERNMENT, OR OTHER AGENCY FUNDS
 \$ _____ FAMILY OR PRIVATE INDIVIDUAL AS SPONSOR

Sponsor’s Name: _____ Relationship: _____

Sponsor’s Complete Address: _____

Sponsor: This is to certify that I (we) the undersigned agree to provide the funds required for study at CSUEB and that I (we) are submitting financial document(s) indicating the availability of these funds.

Sponsor’s Signature: _____ Date: _____

HEALTH INSURANCE COMPLIANCE AGREEMENT

AGREEMENT TO OBTAIN AND MAINTAIN HEALTH INSURANCE COVERAGE

Web link: <http://4studenthealth.relationinsurance.com/plan/alp-international-student-insurance-plan-2018-2019-1274/>

I have read the terms above and agree to obtain and maintain health insurance coverage pursuant to CSU minimum requirements. I understand that I will not be allowed to register until I have provided proof of insurance that meets the stated requirements.

Signature

Date

I-20 Letter of Consent for F-1 International Students

If you currently hold F-1 status or will be changing your visa status to F-1, please indicate if you need an I-20 from the American Language Program at CSU, East Bay. If you are unsure, consult either with the Immigration Service or with your School International Student Advisor.

A. Please check one:

- Yes, I need to be issued an I-20 when (or if) I am admitted to the American Language Program.
- No, I do not need to be issued an I-20 from the American Language Program.

B. If you answered "yes" above, check one below:

- I am currently residing outside the U.S. and will use the I-20 to enter the U.S. in F-1 status.
- I currently have an I-20 from _____

(WRITE COMPLETE SCHOOL NAME, AND **INCLUDE COPY OF I-20 WITH THIS FORM**).

My SEVIS number is N _____, and will expire _____

My I-94 number is _____

**Students transferring from another institution in the U.S. will receive an admission letter first. After completing the transfer process, new I-20 will be issued following New Student Orientation and class registration.*

- I am currently in the U.S. in a non-immigrant status other than F-1, and plan to change my status to F-1.
My current non-immigrant status is _____, and will expire _____

- I have an I-20 from CSU East Bay for _____
(WRITE NAME OF PROGRAM, AND **INCLUDE COPY OF I-20 WITH THIS FORM**)
My SEVIS number is N _____, and will expire _____
My I-94 number is _____

- I am on OPT, which will expire _____
If yes, you must submit a **copy of your EAD card with your application.*

- I am currently out of status, and must be reinstated.

- None of the above (explain): _____

C. Written consent of the student must be received before releasing data about the student to other persons. If you wish to authorize someone to check your application status, please list the names below:

- | | | | |
|----|-------------|------------|-------------------------|
| 1. | | | |
| | Family Name | Given Name | Relationship to Student |
| 2. | | | |
| | Family Name | Given Name | Relationship to Student |

I certify that the information in this document is true, complete, and accurate.

Signature of Student (application cannot be processed without a written signature)

Date